GERMANTOWN
★ ATHLETIC CLUB ★

PROGRAM REFUND REQUEST

Please Print Clearly

Date _____

Name of Person Requesting Refund _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Name of Program _____

Program Dates _____

Person Enrolled _____

Reason for Request _____

Method of Initial Payment *(check one)*   Check ❑   Mastercard ❑   Visa❑
(If a refund is approved it will be in the same method as initially paid)

Signature _____

OFFICE USE ONLY

Date _____

Responsible Manager _____

Business Manager _____

Approval *(check one)*   Yes ❑   No ❑

Comments _____

Must be scanned into member record upon completion. Date scanned _____